BEFORE THE INSURANCE COMMISSIONER
OF THE STATE OF WASHINGTON

In the Matter of THE APPLICATION REGARDING THE CONVERSION AND ACQUISITION OF CONTROL OF PREMERA BLUE CROSS AND ITS AFFILIATES	No. G02-45 PRE-FILED RESPONSIVE TESTIMONY OF KEITH LEFFLER, PH.D

I, Keith Leffler, Ph.D. do hereby declare that the following facts are personally known to me and, if called upon to do so, I would testify to them.

Response to Thomas McCarthy

1. I have reviewed the report[1], supplemental report, and prefiled testimony of Premera economic consultant Thomas McCarthy.

2. I have a number of substantive disagreements with the analysis of Dr. McCarthy. I first summarize my primary disagreements and then explain the basis in each case.

a. Dr. McCarthy testifies that the relevant product market is the supply of all health insurance. He also testifies that the relevant geographical market is all of the state of Washington. These product market and the geographic market definitions are overly inclusive. The improper product market definition masks

[1] Antitrust and Economic Impact Analysis of the Proposed Conversion of Premera Blue Cross in the State of Washington

the high market share and the actual market power possessed by Premera in proper, narrower commercial product markets. Dr. McCarthy's improper geographical market definition masks the actual market power of Premera in the proper, narrower geographic markets of certain areas of Eastern Washington.

b. The evidence offered by Dr. McCarthy as to entry into and expansion in the supply of health insurance in Eastern Washington does not support his conclusion that there are low barriers to entry. In fact, other than Asuris, there has been no significant entry or expansion in the supply of health insurance to individuals, small or large groups in Eastern Washington.

c. Contrary to the analysis offered by Dr. McCarthy, the price differences between the reimbursements of Premera and other insurers in certain areas of Eastern Washington are evidence of the exercise of market power in the purchase of provider services by Premera in these areas.

The Relevant Economic Market

3. Dr. McCarthy concludes that the relevant market is "the market for all health insurance products in the state of Washington."[2] Thus Dr. McCarthy includes all commercial and publicly-financed business, in all areas of the state, in a single market. If Dr. McCarthy were correct, this would mean, for example, that an insurer offering state financed insurance to low-income families in the Seattle area represents a competitive alternative for a large business seeking health insurance in the Spokane area. This certainly makes no intuitive sense and it also makes no economic sense.

4. The broader and more inclusive is the market definition, the more it will obscure any product or geographical areas in which Premera dominates. Dr. McCarthy's rational for his overly inclusive market definition if that he finds "no significant regulatory or operational barriers for an existing insurer to offer new products, expand into new lines of business, or

[2] Pre-filed Direct Testimony of Thomas R. McCarthy (hereafter McCarthy Testimony). P. 5.

expand into new geographical areas of the state."[3] This is not a proper economic approach to identifying the set of reasonable alternatives available to buyers. The proper and standard economic approach towards the definition of a relevant market is summarized in the Horizontal Merger Guidelines of the U.S. Department of Justice and the Federal Trade Commission. Those Guidelines note that "[m]arket definition focuses solely on demand substitution factors -- i.e., possible consumer responses."[4] However, Dr. McCarthy confuses the market definition issue by incorporating the more difficult consideration of possible new entry directly into the analysis of the relevant economic market. This is contrary to accepted economic analysis and contrary to the purpose of market definition.

5. The standard economic approach towards measuring the structure of a properly defined economic market does

> [i]nclude firms currently producing or selling the market's products in the market's geographical area. In addition, participants may include other firms depending on their likely supply responses to a "small but significant and nontransitory" price increase. A firm is viewed as a participant is, in response to a "small but significant and nontransitory" price increase, it likely would enter rapidly into production or sale of a market product in the market's area, without incurring significant sunk costs of entry or exit. .... [Such] [u]ncommitted entrants are capable of making such quick and uncommitted supply responses that they likely influenced the market [before entry.][5]

6. In essence, the Guidelines include all current participants in a market, in addition to all sellers that could rapidly, and at no competitive disadvantage, offer to sell a particular product at a particular place, even though the sellers are not currently selling that product at that place.

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[3] McCarthy Testimony p. 5. I address below Dr. McCarthy's claim that there has been significant product and geographical expansions in recent years.

[4] Merger Guidelines ¶1.0.

[5] Merger Guidelines ¶1.0.

7. Thus, by including all insurers selling any health insurance product anywhere in state in one statewide market for all health insurance, Dr. McCarthy presumes that insurers such as Molina, that only participates in the Medicaid market, could so easily and quickly offer individual, small group or large group policies in Eastern Washington that they currently and effectively constrain the pricing of these policies. In fact, the evidence as to "barriers to entry" discussed in my Report[6] show that this presumption is wrong. The necessity to put together an appropriate physician network, to create relationships with brokers, to inform buyers of an insurer's presence, to put together the administrative apparatus to correctly judge risk and expected payments, and to overcome the reluctance of employers and individuals to make short term switches in health insurance all indicate that sellers not currently participating in a particular segment of the insurance market in a particular location would not impact current prices simply by the existence in other market segments in other places. The reluctance of buyers to switch coverage is even greater when the firm seeking their business is new to the market and may be gone if its effort to enter the market is unsuccessful.

8. If Dr. McCarthy were correct in his presumption as to the absence of any entry barriers, I would expect to see insurers continually entering lines of business of areas of the state and achieving market success, and also leaving business lines and regions in response to small movements in market prices. There is simply no evidence supporting the absence of entry barriers. As discussed below, the only "evidence" Dr. McCarthy offers in support of his conjecture of no entry barriers is a flawed analysis of entry and expansion in the state.

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[6] Antitrust Review by the Office of Insurance Commissioner, Report of Keith Leffler, Ph.D (October 27, 2003) ("Report"). My Report is incorporated by reference in my pre-filed direct testimony and provides much of the substance of that testimony.

9. A market share is a statistic that is used to infer the absence of any market power. That is, if a seller has a low market share in a relevant economic market, that seller, by inference, has no market power, since buyers can readily turn to the other sellers that together dominate the market. Dr. McCarthy claims that Premera's market share is 28.4 percent. If this is correct, then by inference, Premera has no market power since any attempt at above competitive pricing will simply result in buyers switching to one of the sellers composing the other 72 percent of the market. However, the low Premera market share is an artifact of the incorrect market definition.

10. Consider, for example, an employer in Spokane County with 50 employees that is currently contracting with Premera for employee health insurance. Assume Premera decides to raise the premiums to this employer by 10 percent above expected cost increases. As shown in my Table 1-B, Premera insured about 90% of individuals with small group health insurance in Spokane County in 2001. Nonetheless, under Dr. McCarthy's approach, this employer could readily turn to Molina for its health insurance. And, because Molina has a substantial overall statewide market share as it dominates the Medicaid segment of health insurance, according to Dr. McCarthy, Molina is a significant and practical alternative to Premera. But Molina currently offers only state-financed low-income family insurance. Molina specializes in this insurance segment not just in Washington State but in the other states where it operates.[7] Molina's market success in "governmental" insurance provides no indication of its likely ability to constrain Premera's pricing for "commercial" small group policies in Spokane County. Hence, even if Dr. McCarthy were correct (which he is not) that Molina could and

would readily enter the market to supply small group policies in Spokane County, Molina's success in its specialty business offers no indication of its ability to be successful in the very different small group market.[8]

There Has Not Been Significant Entry or Expansion in Eastern Washington

11. Dr. McCarthy concludes that "[e]ntry and expansion conditions for insurers in Eastern Washington appear relatively easy."[9] The support for this conclusion includes "five instances of new insurers entering into the state during the last several years … and … at least four instances of existing insurers gaining substantial membership …."[10] Dr. McCarthy also claims that there are "at least fourteen instances of existing insurers expanding from one part of the state into another (including four cases of expansion from Western Washington into Eastern Washington.)"[11] Finally, as evidence that market expansion from one line of business to another is relatively easy, Dr. McCarthy asserts that "there have been at least six instances of existing insurers offering new products or expanding into new lines of business."[12] However, after examining in detail the purported examples of entry and geographical and product line expansion, I find that there is no evidence that any such entry or expansion would have

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[7] The specialty nature of this business is well illustrated by Premera's recent exit from this line of business.

[8] Market shares are intended to provide an indication of sellers' success as measured by buyers' demonstrated willingness to deal with them. Hence, if Premera has 20 percent of a relevant market, another seller with a similar share, is, according to buyers, an equally effective competitor. Dr. McCarthy, however, mixes and matches "success" information from very different lines of business. The fact that, for example, Aetna may be successful in offering mega group policies (that might be a function of nationwide offering to a geographically dispersed employer) tells me nothing of Aetna's ability or willingness to offer individual policies. Similarly, Molina's success in the state-financed segment tells me nothing about their ability to compete for commercial individual, small or large group business. An analogy clarifies. Consider the sale of autos. Ford sells a significant share of all automobiles. This, however, has no implications as to its likely success in the ultra-luxury auto market.

[9] McCarthy Testimony p. 9.

[10] McCarthy Testimony p. 9.

[11] McCarthy Testimony p. 6.

significant impact on Premera's ability to exploit its market dominance in individual, small and large lines of business in certain areas of Eastern Washington.[13]

12. As discussed at length in my Report, Premera dominates the supply of commercial insurance to individual, small group and large groups in those areas of Eastern Washington where Premera does not compete with Regence Blue Shield (hereafter the 14 county area of Eastern Washington).[14] Hence, the only markets (on the selling side) that are of concern in analyzing market power are these lines of business in these areas of Eastern Washington. Therefore, it is only entry or expansion into these areas and lines of business that are relevant to the issue of Premera market power.

There Has Been No Significant Entry into Areas of Business Dominated by Premera[15]

13. In the McCarthy, five "Health Insurers Entering Washington 1995-2002" are listed in Table 6.[16] However, upon examination, not one of the listed cases provides evidence that entry is easy nor do the cases provide evidence that entry possibilities constrain Premera's exercise of market power.

14. The first entrant cited by Dr. McCarthy is UnitedHealth Group in 1995. However Dr. McCarthy's own table acknowledges that this was not entry but rather an acquisition of

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[12] McCarthy Testimony p. 5-6.

[13] Dr. McCarthy also asserts that "there have been at least six instances of existing insurers offering new products or expanding into new lines of business." McCarthy Testimony p. 5-6. However, Dr. McCarthy does not list who provided these new products, what the new products were, or where they were offered. Hence, I am unable to evaluate this assertion. However, I am unaware of any significant in any such offerings in the relevant product lines in the relevant areas, and the OIC enrollments statistics certainly do not show such success in new product offerings.

[14] As discussed in my Report, the option of self insurance likely limits any exercise of market power by a dominant insurer in the large group market.

[15] These "areas" include the supply of individual and small group coverage in the 14 county area of Eastern Washington.

[16] McCarthy and Thomas, Antitrust and Economic Impact Analysis of the Proposed Conversion of Premera Blue Cross in the State of Washington (hereafter NERA Report), p. 22.

MetraHealth.[17] Economically, entry that might constrain the pricing of a dominant firm refers to entry of a new competitor (rather than an acquisition) that is able to establish a significant market presence in a relatively short period. Also, according to the Profile of Washington State Health Plans, UnitedHealth Group had enrollment of 111 members in all of Washington in 2001.[18] In addition, Premera's 12/31/2002 analysis of the Eastern Washington market does not even list UnitedHealth Group.[19] Hence, this acquisition is certainly not an example illustrating the ability of a new entrant to capture significant sales in a short period of time.

15. The second example of insurers entering Washington who purportedly constrain competition is First Choice. However, First Choice had membership of 770 in Eastern Washington at the end of 2002, and First Choice is leaving the health insurance industry.[20] Its entry was therefore a failure.

16. Dr. McCarthy also lists Great West's One Health Plan of Washington as an example of entry showing low barriers of entry. However, Dr. McCarthy's Table 7 shows that One Health lost over half its enrollment between 2001 and 2002. Premera's Market Research indicates that One Health had 19 members in all of Eastern Washington in 2002.[21]

17. Molina is Dr. McCarthy's fourth example of entry. However, as indicated in Dr. McCarthy's own table, this was not entry but rather an acquisition.[22] In addition, Molina does not compete at all in the lines of business where Premera's market dominance is of concern – commercial individual, small and large group plans.

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[17] NERA Report, Table 6, Sources Col. 1.

[18] OICEXP NERA07993. The documents stamped with the prefix "OICEXP NERA" are documents that were produced by NERA in this proceeding from its own files.

[19] OICEXP NERA09394-98.

[20] OICEXP NERA093997.

[21] OICEXP NERA09397.

18. The final purported instance of entry into the market is Health Net (USelect). However, Health Net does not compete in the individual or small group lines of business. Health Net offers only large group plans and it has only 1615 enrolled members.[23] Premera certainly does not consider Health Net to be a significant competitor as it does not include them in its Market Research on Eastern Washington.[24]

There Has Been Very Little Successful Entry into Eastern Washington

19. In Table 3 of the Premera Report, Dr. McCarthy lists "fourteen instances of existing insurers expanding (entering, actually) from one part of the state into another....)"[25] Seven of these concern Eastern Washington. However, only the expansion of Regence to Spokane is an actual example of any success in such entry attempts.

20. The first of these entries is, according to Dr. McCarthy, the 1995 acquisition of Walla Walla Valley MSC by King County Medical, the predecessor to Regence. As discussed above, such an acquisition is of no relevance to whether entry is easy in the 14 county area in Eastern Washington where Premera is dominant.

21. The second entry into Eastern Washington that Dr. McCarthy uses to exemplify the ease of entry is First Choice's expansion from Western Washington into Eastern Washington in 1998. However, as discussed above, this expansion was a failure.

22. The third entry listed by Dr. McCarthy is Regence Asuris's entry into Spokane. By the end of 2002, Regence Asuris had a total membership in all of Eastern Washington of

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[22] NERA Report Table 6, Col. (4).
[23] February 26, 2004 e-mail from Ken Bryan to John Ellis and Keith Leffler.
[24] OICEXP NERA09394-98.
[25] NERA Report p. 17, McCarthy Testimony p. 6.

13,620 in its individual and small group plans.[26] This represents about 13.3% of the total number of insureds in the 14 Eastern Washington counties in which Asuris does business. Asuris is likely an example of a competitor that offers some constraint to Premera's exercise of market power. Nonetheless, Premera continues to dominate the markets for individual and small group policies in these14 counties.

23. Indeed, Asuris provides a vivid illustration of the value of both the "Blue" label and an established presence in the market. At the end of 2002, Asuris had reached a total commercial enrollment of 21,580 members in the 14 counties in Eastern Washington in which it does business.[27] Those 14 counties include three of Eastern Washington's most populous areas, including Spokane, the Tri-Cities, and Chelan County. The 14 counties have a total population estimated by the Census Bureau at 1,012,634. Asuris covers just over 2 percent of the population. In contrast, also at the end of 2002, Regence Blue Shield, the parent of Asuris, had a total enrollment in Yakima and Walla Walla Counties alone -- two Eastern Washington counties in which it can use the Blue Shield trademark -- of 23,429. This is over 8 percent of the population. Hence, Regence is about four times more successful in competing with Premera where it has an established position and the use of the Blue trademark.[28]

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[26] These calculations are based on the Premera Market Research data OICEXP NERA09394-98 for individual and small plans excluding Medicare Supplemental.

[27] This figure is from the OIC Form B filing.

[28] The value of the Blue trademark is implied in the testimony of Premera witnesses. Gubby Barlow, President and CEO, testified that the "Blue Cross Blue Shield license is a significant asset of Premera." (p. 15); Heyward Donigan, Executive VP and Chief Marketing Officer, testified that "Premera faces a unique competitive situation in that it competes directly with another Blue licensee, something that only occurs in a few places throughout the country. Regence Blue Shield and Premera Blue Cross both offer Bluebranded products in Western Washington, thereby increasing the competitive nature of the marketplace." (p. 3)

24. The fourth "expansion" noted by Dr. McCarthy is that of NYLCare into Spokane in 1998. NYLCare was shortly thereafter purchased by Aetna. By December 31, 2002, Aetna had 23 members in all of Eastern Washington, hardly an example of significant and successful entry.[29]

25. The fifth "expansion" is Northwest One from Western Washington into Eastern Washington. However, Northwest One is not an insurer and it provides no health insurance in Eastern Washington.[30]

26. The sixth and seventh purported expansions concern Group Health's entry into Kittitas, Walla Walla, Whitman and Columbia counties in 2000 and 2001. Dr. McCarthy is simply wrong that Group Health entered these counties in 2000 and 2001. In fact, Group Health was present in these counties and offering services as early as 1992.[31]

Existing Insurers Have Not Gained Substantial Relevant Membership.

27. Dr. McCarthy claims substantial gains in membership by certain insurers from 2001 to 2002.[32] He suggests that this provides evidence of the ease of expansion and therefore the absence of any barriers across product lines or geography and also of the competitive constraint that other possible insurers represent to Premera. However, only his example of Regence Asuris in the small group market is relevant to the lines of business and areas in which Premera is dominant.

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[29] OICEXP NERA 09394.

[30] See footnote 3 to Table 3, McCarthy Testimony. See, also, OIC website. Northwest One does not appear as a health insurer.

[31] E-mail Sally Yates, Associate General Counsel, Group Health Cooperative, to Keith Leffler 1/28/04. See also, NERA 08049. There was a merging of Group Health Cooperative and its controlled affiliate Group Health North West in 1999.

[32] Using a membership gain of at least 5,000 as a substantial gain, he includes Group Health and CIGNA in large group, Asuris in small group, and Community Health Plan in Medicaid.

Conclusion as to Market Definition, Entry and Expansion

28. Dr. McCarthy offers a broad, overly inclusive market definition of all insurance products offered by commercial and governmental insurers in the State of Washington. Dr. McCarthy combines very different products and different locations regardless of the fact that, for example, a small employer in Spokane County cannot and would not consider a Basic Health Care policy offered by Molina or a individual policy offered by Regents Blue Shield in Seattle. Dr. McCarthy certainly must recognize that the plan offerings in different lines of business and the plan offerings in different locations offer no direct competitive constraint on the pricing of small group policies in Spokane. Nonetheless, he includes all these in his single market.

29. Dr. McCarthy reaches his overly inclusive market definition because, he asserts, there is "no significant ... operational barriers for an existing insurer to offer new products, expand into new lines of business, or expand into new geographical areas of the state."[33] However, when Dr. McCarthy's 16 examples of entry and expansion showing the absence of entry barriers are examined closely, only one – Regence Asuris -- is even marginally relevant. The others are not helpful. In most instances this is apparent from documents from NERA's own files. And even the experience of Asuris is far from compelling. The data indicates that after six years in the market, Asuris, a subsidiary of one of the two largest insurers in the state, has managed to capture only 13% of the enrollment in individual and small group lines of business in Eastern Washington. Regardless of the presence of Asuris, Premera continues to

[33] McCarthy Testimony p. 5.

dominate. I therefore conclude that Dr. McCarthy is wrong in his presumptions about the absence of entry barriers and also in his overly broad market definition.

Premera Has Market Power in the Purchase of Provider Services in Certain Areas of Eastern Washington.

30. Dr. McCarthy and I agree that the geographical markets for the purchase of provider services are relatively narrow. He suggests that metropolitan areas are appropriate. I do not disagree.[34] I provided market share data on a county basis in my Report because that is the way the data are available from the OIC.

31. Dr. McCarthy, however, proposes that the relevant market share should be based on the total purchases under all types of insurance, and that the relevant Premera market share in the buying markets is about 25 percent.[35] I disagree since the reimbursement rates for the patients enrolled under individual, small and large plans are typically higher than for other types of insurance including state and federal subsidized plans. I find that the relevant market share measuring Premera's share of the more valuable "private" insured patients was nearly 70% in Eastern Washington and over 80% for the 14 county area.[36]

32. As evidence of Premera's market power, I found that in Spokane, Premera was reimbursing physicians significantly lower rates than was Asuris or First Choice. I also found that in Eastern Washington, Premera offered significantly lower reimbursement compared to standard provider rates than it did in Western Washington. Dr. McCarthy did not dispute these

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[34] As I stated in my Report: "I have also reached the opinion that there is a relevant economic market for the purchase of provider services on a local basis within in the state of Washington. The exact definition of a "local basis" is problematic, but generally I intend local basis to imply metropolitan areas." Report, at pp. 19-20.

[35] McCarthy Testimony p. 8.

[36] See Table 3 of my Report. For the 14 county area, I took the simply average of the Eastern Washington countries excluding Asotin, Garfield, Columbia, Klickitat, Walla Walla, and Yakima.

facts in his report or testimony.[37] To the contrary, he interpreted these facts as being consistent with Premera's buying power in that he noted

> "the fact that an insurer can get lower reimbursement rates in return for directing greater volume to a provider is quite common and is generally considered procompetitive. The economics literature refers to this practice as 'selective contracting' and many researchers credit it as being one of the major reasons why managed care has been able to help control the increase in health care costs."

The ability to get lower buying prices because of buyer market size (volume) is exactly what is meant by market power on the buying side. Whether this is good or bad, and has or has not helped control health care costs are not issues I have addressed. Rather the issue in an appropriate competitive or antitrust analysis is simply whether Premera has such market power. And the evidence clearly indicates that in those markets in Eastern Washington in which Premera has the dominant market share of private, insured patients; it does have such market power.

33. In his report at page 43 Dr. McCarty asserts that small groups have joined together in associations to pool their insurance volume. He claims that RCW 48.44.024 authorizes this. The statute he cites does not authorize small groups to form associations for this purpose. In addition, Premera's own underwriting rules preclude small groups from forming associations just to pool their insurance volume.[38]

Response to Audrey Halvorson

34. I have also reviewed the pre-filed direct testimony of Audrey Halvorson of Premera. In my Report I examined the ratios between networks limited primarily to providers

[37] Dr. McCarthy analyzed provider reimbursements compared to Medicare RBRVS payments. NERA Report pp. 49-52. However, the Medicaid reimbursements are not, and do not purport to be competitive market

having discounted contracts with Premera and networks with providers not agreeing to discounted fees. These ratios were higher in Eastern Washington than in Western Washington, and I concluded that the difference was consistent with Premera using its higher share of insureds in Eastern Washington to exact higher discounts. In her testimony, Ms. Halvorson disagrees with my analysis:

> Q. Dr. Leffler states that the geographic area factors by network reflect the provider reimbursement level differences by area. Do you agree with this comment?
>
> A. No, I do not. The network/geographic factors reflect the estimated relative cost of care that is expected to be provided to members who live in each of the areas, not just the differences in provider reimbursement levels. As stated previously, Premera's geographic area factors are based on expected differences in unit costs for hospital and professional services within a defined area, efficiencies of the various networks by area, and then adjusted for the pattern of where policyholders living within the area are expected to receive care. Therefore, the differences in provider reimbursement levels by area are only one of the three factors used to develop the geographic factors.

35. My analysis of the area factors was based on the results of a careful investigation by the OIC consultants of how the area factors were calculated. First, we asked Premera how the area factors are determined:

> Q1. Please describe in detail how the Medical Area/Network Factors shown in Exhibit 6.5[39] were determined.

Proprietary Material
Redacted

reimbursement rates.

[38] Bates #s 10381, 10393.

[39] See Premera memo dated 5/23/03, responding to OIC data request #849. The reference to Exhibit 6.5 refers to Exhibit 6.5(Area/Network Factor Adjustment) of Premera's small group rate filing, effective 6/1/03. The exhibit is Bates stamped #35195.

36. We were aware that provider efficiencies and "blending" providers areas into employer group areas were aspects of the process of determining area factors, so we examined how much they would alter area factors based solely on differences in provider reimbursement. The answer was that they have little effect.[40]

37. Finally, I asked Premera to confirm whether my interpretation of the area factor ratios was correct. Here are my question and Premera's answer:

> Question: In the Small Business rate filing of 6/1/03 (specifically document 0035195), information is provided on the Area/Network Factor Adjustments for the Traditional and for the Prudent Buyer (PB) Plans. The ratio of the Traditional to the PB Plan Factors in each area would seem to indicate the extent to which overall (i.e. all providers in the pertinent network) provider "discounts" are obtained in the area. Is this interpretation correct?
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> Response: This interpretation is correct.[41]

38. Thus, while Ms. Halvorson's statement that "the differences in provider reimbursement levels by area are only one of the three factors used to develop the geographic factors" is technically correct, it is misleading and is inconsistent with Premera's earlier acknowledgement that my interpretation is correct.

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[40] See memo re telephone interview with David Braza, Director, MBS & HCE Actuarial, Premera; Premera memo dated 7/14/03 with Attachment 1 (Small Group Area Factors Split into Cost and Utilization Portions); document # 32335-336 and Exhibit 25 to McCarthy deposition.

[41] #36554-555.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Dated April 14th, 2004 at Seattle, WA.

KEITH LEFFLER, PH.D